

MAWSYNRAM BORDER AREA COLLEGE,
MAWSYNRAM

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Admission form for B.A. _____ Semester _____

Name (in Block Letters): _____

Date of Birth: _____ Gender : _____ Religion: _____

Email ID: _____ Phone No.: _____

Address: _____

P.W.D.: _____ (Yes/ No) if yes enclosed certificate

Category: _____ Nationality: _____

Father's Name: _____

Mother's Name: _____

Honours: _____

Combination Subjects: i) _____ ii) _____

Last class attended: _____ Board/ University _____

School/College last attended: _____

Year of Passing: _____ Pass Percentage: _____

Roll No. : _____ (For III and V Semester only)

Registration No.: _____ (For III and V Semester only)

Date _____

Signature of the Applicant

Undertaking by the applicant.

I agree to abide by all relevant Rules and Regulations as framed by the College Authorities

Place and Date _____

Name: _____

Signature _____

Undertaking by the Parents/ Guardian

I assure that my ward will abide by all the Rules and Regulations
as framed by the College Authorities

Place and Date _____

Name: _____

Signature _____